

Project Title _____	
Project Address _____	
Documentation Author _____	Telephone _____
Compliance Method (Package or Computer) _____	Climate Zone _____

Date _____
Building Permit # _____
Plan Check / Date _____
Field Check / Date _____
Enforcement Agency Use Only

GENERAL INFORMATION

Total Conditioned Floor Area _____ ft² Average Ceiling Height: _____ ft

Conditioned Slab Floor Area _____ ft²

Building Type: _____ Single Family _____ Addition
(check one or more) _____ Multi-Family _____ Existing-Plus-Addition

Front Orientation: _____ North / South / East / West / All Orientations
(input front orientation in degrees from True North and circle one)

Number of Stories _____

Number of Dwelling Units: _____

Floor Construction Type: _____ Slab/Raised Floor (circle one or both)

BUILDING SHELL INSULATION

Component Type	Frame Type wd = wood stl = steel	Cavity Insulation R-Value	Sheathing Insulation R-Value	Total R- Value ¹	Assembly U-Value ¹	Location/Comments (attic, garage, typical, etc.)
Wall						
Wall						
Roof						
Roof						
Floor						
Floor						
Slab Edge						

FENESTRATION
Shading Devices

Fenestration #/Type/Pos.	Orien- tation	Area (ft ²)	Fenestration U-Value	Fenestration SHGC	Interior Shading Att. ²	Exterior Shading Att.	Overhangs /Fins
Front					Standard		
Front					Standard		
Left					Standard		
Left					Standard		
Rear					Standard		
Rear					Standard		
Right					Standard		
Right					Standard		
Skylight					Standard		
Skylight					Standard		

¹ For prescriptive compliance, Total R-Value and Assembly U-Value are not required for a wood-framed wall that meets cavity R-value insulation requirement for the Prescriptive Package.

² For prescriptive compliance, there are no credits for any interior shading except the default or "Standard" drapery. These default interior shading devices (draperies) need not be installed for compliance purposes.

Project Title _____

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HVAC SYSTEMS

Note: Input hydronic or combined hydronic data under Water Heating Systems, except Design Heating Load.

Heating Equipment Type (furnace, heat pump, etc.)	Minimum Efficiency (AFUE or HSPF)	Distribution Type and Location (ducts, attic, etc.)	Duct or Piping R-Value	Thermostat Type	Heat Pump Configuration (split or package)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Cooling Equipment Type (air conditioner, heat pump, evap. cooling)	Minimum Efficiency (SEER)	Duct Location (attic, etc.)	Duct R-Value	Thermostat Type	Heat Pump Configuration (split or package)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

WATER HEATING SYSTEMS

Water Heater Type	Distribution Type	Number in System	Rated ¹ Input (kW or Btu/hr)	Tank Capacity (gallons)	Energy ¹ Factor or Recovery Efficiency	Standby ¹ Loss (%)	External Tank Insulation R-Value
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

1. For small gas storage water heaters (rated inputs of less than or equal to 75,000 Btu/hr), electric resistance, and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Rated Input, Recovery Efficiency and Standby Loss. For instantaneous gas water heaters, list rated input and recovery efficiencies.

SPECIAL FEATURES and MODELING ASSUMPTIONS (Add extra sheets if necessary)**Including Thermal Mass** (thermal mass type, covering, thickness, and description)**COMPLIANCE STATEMENT**

This certificate of compliance lists the building features and performance specifications needed to comply with Title 24, Parts 1 and 6 of the California Code of Regulations, and the administrative regulations to implement them. This certificate has been signed by the individual with overall design responsibility. When this certificate of compliance is submitted for a single building plan to be built in multiple orientations, any shading feature that is varied is indicated in the Special Features / Remarks section.

Designer or Owner (per Business and Professions Code)

Name: _____
Title/Firm: _____
Address: _____

Telephone: _____
Lic. #: _____

(signature)

(date)

Documentation Author

Name: _____
Title/Firm: _____
Address: _____

Telephone: _____

(signature)

(date)

Enforcement Agency

Name: _____
Title: _____
Agency: _____
Telephone: _____

(signature / stamp)

(date)